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Substitute for Form PTO-875											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR NUMBER FILED			NUMBE	NUMBER EXTRA		FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))							s	OR		s	
TOTA	L CLAIMS FR 1.16(c))		minus 20 =			x \$=		OR	x \$=		
INDE	PENDENT CLAIM FR 1.16(b))	s	minus 3 =					OR	x \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+s =		OR	+ \$=				
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL		
CLAIMS AS AMENDED – PART II											
11	(Column 1) (Column 2) (Column 3)				SMALL I	ENTITY	OR		R THAN ENTITY		
۲ ۲ ۲	Cultil	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
핗	Total	AMENDMENT 6	Minus	" 21)		x \$=		OR	x \$=		
AMENDMENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	· P	Minus		= /	x \$=		OR	× \$20D=	200	
A ME		ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+\$ =		OR.	+s =		
尸	FIRST PRESENT	ATION OF INDETTI E	202. 21102	<u>(</u> -		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	200	
		(Oakuma 4)		(Column 2)	(Column 3)			_		,	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* .	Minus	**	=	x \$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x \$=		
AM		ATION OF MULTIPL	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+\$ =		OR	+ \$=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
1		(Column 1)	•	(Column 2)	(Column 3)			_		· · · · · · · · · · · · · · · · · · ·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=		
S.	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x \$=		
AME.		TATION OF MILITIPE	E DEPENDI	ENT CLAIM (37 C	FR 1,16(d))	+ \$ =		OR	+ \$ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the cotor is column 1 is less than the entry in column 2, write "0" in column 3.											
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"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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